

**Internal Application for Access to Vital Statistics and Hospital Discharge Data**

The Office of Epidemiology and Scientific Support (OESS) maintains Vital Statistics (VS) and Hospital Discharge (MHDDS) data. Epidemiologists in the Public Health and Safety Division (PHSD) may apply for direct access to these data. In addition, some users may want the VS or MHDDS staff to conduct analyses on their behalf from files not generally made available, or that produce data at very fine levels of resolution that may not be released to the public.

The data sets include Protected Health Information (PHI), which are strictly confidential under the Montana Constitution, Montana statutes, Montana Department of Public Health and Human Services (MT DPHHS) policies, the federal Health Insurance Portability and Accountability Act (HIPAA), and other federal regulations. **HIPAA regulations and MT DPHHS policy specify that within covered entities PHI release must be limited to the minimum necessary to accomplish the required task.** Other data are made available to PHSD through Memoranda of Agreement that restrict their use and redistribution.

This application represents OESS's due diligence to comply with state and federal regulations. **Approved access will expire on December 31 of each year and must be renewed annually.**

The data reside on secure state computer drives. **Data may not be stored on any other drive.** Users are encouraged to create individual subfolders on the parent secure drive to store their projects. **No copies of the data may be made on or moved to a desktop or laptop computer or to any portable storage medium or device (e.g., CDs, flash drives) and no copies of the data may leave the state system. Data may not be transmitted by e-mail or File Transfer Service.**

Hard copies of analyses provided by VS or MHDDS staff must be treated with the same care as hard copies of confidential patient information, kept in locked storage when not in use, and shredded when no longer needed.

**Users may not release all or part of any VS or MHDDS data set to any other individual or entity, public or private. This includes sharing data with colleagues within PHSD.** Each potential user must submit an individual application. Applicants must also complete a DPHHS Employee System/File Access Request form (DPHHS-OM-300A) in order to satisfy DPHHS network security.

Users may report only aggregate statistics based on data received from these systems, in compliance with the data suppression guidelines described in "Guidelines for the Release of Public Health Data Derived from Personal Health Information" released in September, 2011 by the OESS (Appendix A). These guidelines apply to de-identified and well as identified data.

Any report or analysis derived from these data must contain one of the following statements:

Data used in this [study/report] were supplied by the Vital Statistics Analysis Unit, Montana Department of Public Health and Human Services. The authors of this document are responsible for all analyses and conclusions reported.

Data used in this [study/report] were supplied by the Montana Hospital Discharge Data System of the Montana Department of Public Health and Human Services. The data are made available through Memoranda of Agreement with the Montana Hospital Association and the State Hospital at Warm Springs and remain the property of those organizations. The authors of this document are responsible for all analyses and conclusions reported.

Aggregate statistics based on data provided through this agreement must be consistent with those released by the Office of Vital Statistics or the Montana Hospital Discharge Data System. **It is the responsibility of the user to ensure this consistency prior to releasing any aggregate reports.**

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\_\_\_ Initial request                      Or                      \_\_\_ Annual renewal

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Division and program: \_\_\_\_\_

Building and office number: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ CS number (for IT to give access): \_\_\_\_\_

**Are you requesting**

\_\_\_ Analyses to be performed by VS or MHDDS staff at a level that cannot be released to the public?  
These results may be used for internal programmatic activities but may not be shared with third parties, with the exception of required reports to funding agencies; please discuss these reporting requirements with OESS staff in advance.

\_\_\_ Ongoing direct access to data set(s)? We will arrange for IT to give you access to the secure parent drive where the files are stored.

\_\_\_ Data for a one-time project? We will create a data set for you. Please list specific data elements needed below.

**Data elements needed for a one-time project, including year(s):**

**Data set(s) requested (you may check all that apply):**

**Vital Statistics**

\_\_\_ Access to de-identified birth files

\_\_\_ Access to identified birth files

\_\_\_ Access to de-identified death files

\_\_\_ Access to identified death files

\_\_\_ Analysis of fetal death files performed by VS staff

\_\_\_ Other analysis performed by VS staff

Please explain why you need identified data or fetal death analysis.

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### Montana Hospital Discharge Data System

- ☐ Inpatient admissions without county identifiers
- ☐ Inpatient admissions with county identifiers
- ☐ Emergency Department visits without county identifiers
- ☐ Emergency Department visits with county identifiers
- ☐ Analysis performed by MHDDS staff

Please explain why you need county information. The MOA between MHDDS and the Montana Hospital Association explicitly forbids identifying hospitals or providers as well as individuals. The agreement also explicitly forbids comparisons between hospitals or providers. County level analyses may be problematic because many counties in Montana have only one hospital.

#### For all projects:

**Name of project and brief description of analyses and anticipated products:**

**Brief description of dissemination plan.** Please be sure to supply copies (preferably electronic) of products generated to the OESS. We use these to document the importance of the data sets to funders.

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## Agreement

- I understand VS and MHDDS data are to be used solely in conduct of the agency's official duties.
- I understand that personal, institutional, and provider identifiers on all VS and MHDDS records are strictly confidential and may not be included in reports or otherwise released.
- I understand that institutions or providers may not be compared in any reports based on VS or MHDDS data.
- I agree not to release, or allow to be released, any data sets obtained through this agreement to any other individual, organization, or entity. This restriction includes sharing access with colleagues within PHSD.
- I agree to store the data only on the secure parent drive.
- I agree not to copy any part of the data to other drives, a desktop or laptop computer, or any portable media or devices such as CDs or flash drives, and not to transmit data electronically such as via email or file transfer service.
- I agree not to use access to these data to respond to queries or requests for data or analysis from outside PHSD. Such requests will be referred to VS or MHDDS.
- I understand that these data may be used for grant applications and associated reporting requirements at levels of detail that may not otherwise be permitted.
- I agree not to attempt to identify individuals or institutions in de-identified files, and not to attempt to follow back or contact individuals or institutions in identified files.
- I have read and agree to abide by the "Guidelines for the Release of Public Health Data Derived from Personal Health Information" (Appendix A).
- I agree to release only aggregate statistics in any reports based on these data.
- I understand that it is my responsibility to ensure that aggregate statistics I release based on these data are consistent with those released by the VS or MHDDS programs.
- I understand that this Agreement is subject to annual renewal.
- **I understand that violation of the terms of this agreement will automatically result in voiding this agreement and loss of access to the data, and may lead to disciplinary action and legal prosecution under the provisions of relevant Montana statutes.**

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approvals	
	Signature and Date
Program Manager (circle VS or MHDDS)	
Senior Public Health Epidemiologist OESS	
For VS data only: State Registrar	
Administrator PHSD	
<input type="checkbox"/> Ongoing direct access or <input type="checkbox"/> Creation of custom data set or <input type="checkbox"/> Analysis conducted by OESS staff	
Effective dates: _____	
If not approved, Reason:	

If you have questions about this data sharing agreement, please contact Bruce Schwartz, Lead Epidemiologist, Vital Statistics Analysis Unit, 406-444-1756, [bschwartz@mt.gov](mailto:bschwartz@mt.gov); Cody Custis, Epidemiologist, Montana Hospital Discharge Data System, 406-444-6947, [ccustis@mt.gov](mailto:ccustis@mt.gov); or Carol Ballew, Senior Public Health Epidemiologist, Office of Epidemiology and Scientific Support, 406-444-6988, [cballew@mt.gov](mailto:cballew@mt.gov)